Submit to:



Georgia Department of Community Health Office of Health Planning - Plans Review Unit 2 Peachtree Street, NW, 5th Floor Atlanta, Georgia, 30303-3159 ewilkins@dch.ga.gov

Revised July 01, 2021

DCH INSPECTION REQUEST

(PROJECT SHALL BE SUBSTANTIALLY COMPLETE)

PLEASE COMPLETE ALL OF THE FOLLOWING

DATE SUBMITTED: _	(SUBMIT AT LEAST 28 DAYS PRIOR TO SUBSTANTIAL COMPLETION)
DCH PROJECT NUMB	ER: [ie: FULTON-099-001 - located on <u>Construction</u> Permit letter]
CON, LNR or DET NU	MBER: [ie: (GA-2010001) - located on Construction Permit letter]
FACILITY NAME:	
PROJECT NAME:	
ADDRESS:	
CITY, STATE, ZIP COD	DE:
CONTACT PERSON:	
PHONE NUMBER:	E-MAIL:
	SUBMITTED BY:
CONTACT PERSON:	
COMPANY NAME:	
MAII ING ANNRESS:	
CITY, STATE, ZIP COD)E:
	E-MAIL:
ARE YOU THE? FACILITY	ARCHITECTCONTRACTORCONSULTANT OTHER
THIS PROJEC	T IS SCHEDULED TO BE SUBSTANTIALLY COMPLETE ON OR ABOUT:
	T THAT A 100% INSPECTION BE SCHEDULED ON OR ABOUT: BMIT REQUEST A MINIMUM OF 28 DAYS PRIOR TO DESIRED INSPECTION DATE)
THE (OWNER DESIRES TO OCCUPY THIS PROJECT ON OR ABOUT:
	(INSPECTION SHALL OCCUR BEFORE OCCUPANCY)
_	SIGNATURE
	Job Site Contact Name and Phone Number

This form may be submitted by any of the following methods: US Mail or E-Mail